

**APPLICATION FOR PARTICIPATION IN THE CALIFORNIA
BLOOD LEAD PROFICIENCY ASSURANCE PROGRAM**

Please complete this form and return it in the business reply envelope, or mail to:

California Department of Health Services
Environmental Health Laboratory Branch
Lead Poisoning Prevention Unit
850 Marina Bay Parkway, MS G365/EHLB
Richmond, CA 94804-6403
(510) 620-2800 FAX: (510) 620-2825

CLIA ID number

D

Laboratory name

Laboratory address (number, street)

City

State

ZIP code

California Clinical Laboratory license number or approved Public Health Laboratory number

Contact person (*check one title*)

Name

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Telephone number and extension

()

Fax number

()

Services commercially available

☐ Yes☐ NoCommercial services contact person (*check one title*)

Name

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Telephone number and extension

()

Fax number

()

Medicare certified

☐ Yes☐ No

Method of analysis

(Please attach a copy of the analytical procedure used in your laboratory for blood lead analysis. This should be the same analytical method or protocol that is included in your Quality Assurance Manual.)

Minimum sample volume (mL)

Please confirm your participation in one or more of the following blood lead proficiency testing programs:

CAP ☐ Yes ☐ No CAP code number: _ _ _ _ _ - _ _ _ - _ _ _WSLH ☐ Yes ☐ No WSLH code number SL: _ _ _ _NYS ☐ Yes ☐ No NYS code number: _ _ _Indicate your choice of program results to be evaluated for proficiency (*check one*): ☐ CAP ☐ WSLH ☐ NYS

Signature of laboratory director

Printed name of laboratory director

Date

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